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PRINCIPAL INVESTIGATOR: Alan Mease

CONTRACTING ORGANIZATION: Southeast Regional Medical Command
Fort Gordon, Georgia 30905

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Teledermatology

Personnel:

The Center for Total Access (CTA) utilized a team approach to plan and implement the Teledermatology Project. Initially, one technical specialist, one registered nurse, and one clinical coordinator met to develop a plan to implement this project from February to April 1999 under the direction of the Director of CTA. After April, the team consisted of the technical specialist and the registered nurse with consultative input from the Multimedia department. The Network Systems Manager and the Computer Specialist also provided support, for the implementation of this project.

Implementation Plan:

The plan had a Tri-service focus and included:

1. Initial contact made by Email to all SERMC Medical Treatment Facility Commanders by the Director of the CTA. He provided an overview of the project's benefits and expectations.
2. The second contact was made to the individual POCs the Commander had designated. The technical specialist coordinated with the medical treatment facility's information management personnel and the nurse coordinated with the medical personnel (clinical champion and consult manager).
3. A training packet was developed by the nurse to include objectives, job duties, camera information, warranty issues, marketing, resources, and slide presentation.
4. An installation and training visit was provided to all remote sites except Puerto Rico. All visits were followed-up by the project managers via Email or telephone contact to problem solve any issues encountered by the remote sites.

Accomplishments:

During the period February 1999 through September 1999, eight medical treatment facilities received equipment allocations. The equipment package consisted of CPU with 64 MB RAM, Windows NT 4.0, Digital Camera, and HP Laser Jet Printer. CTA personnel provided installation and training of key personnel to operate the teledermatology service. This included seven referring sites and one consulting site. The referring sites included the medical treatment facilities located at the following installations: Ft Jackson, Ft McPherson, Ft Rucker, Moody AFB, Patrick AFB, Naval Weapons Station, Goose Creek, SC, and Roosevelt Roads, Puerto Rico. The one consulting site was Eisenhower Army Medical Center, Ft Gordon, GA. During this period 102 consults were processed which was more than was anticipated. Due to the rapid success of the service, it became necessary to recruit for other dermatology support. Contact was made to the dermatologist at the Naval Hospital at Beaufort, SC. This request was positively received with plans to bring him on board in the next fiscal year.

Lessons Learned:

Changing normal business practices and referral patterns is not easily done. Each sites lack of utilization of the service had to be problem solved. What was the reason for lack of use and what was the solution. At first a weekly Email newsletter was implemented to provide information, advice, marketing, progress reports and competition. After four months, the newsletter became monthly and was sent to all MTF commanders, registered referring physicians, consult managers, and information management personnel. The two project managers problem solved each site to fine tune issues until successful utilization was accomplished. Some issues were technical and some were clinical and this team approach appeared to be very successful. The failures in utilization included only those sites where the commander desired on-site dermatology services due to the political climate. The Multimedia department was consulted to assist in the preparation of a training CD on the use of the web based consult process to assist sites with training due to staff turnover issues as a result of military reassignments.

Additional Sites:

During the next fiscal year, collaboration was planned with the Region 3 Lead Agent Office to add three more consulting sites and the remainder of the referral sites which would take SERMC Teledermatology Service to 18 total sites.

POCs

Budget Information: Vicky Carswell (vickyc@cta.ha.osd.mil)

Project Information: Angela Dingbaum (angclad@cta.ha.osd.mil)

Nik Beaty (nikb@cta.ha.osd.mil)